

# NICASIO SCHOOL DISTRICT

## Board Policy

Series 3000: Business and Non-Instructional Operations

BP 3350

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### TRAVEL EXPENSES

The Governing Board shall authorize payment for actual and necessary expenses, including travel, incurred by any employee performing authorized services for the district.

The Superintendent or designee may approve employee requests to attend meetings in accordance with the adopted budget.

(cf. 4131 – Staff Development)  
(cf. 4131.5 – Professional Growth)  
(cf. 4231 – Staff Development)  
(cf. 4331 – Staff Development)

Expenses shall be reimbursed within limits approved by the Board. The Superintendent or designee shall establish procedures for the submission and verification of expenses claims. He/she may authorize an advance of funds to cover necessary expenses.

The Board may establish an allowance on either a mileage or monthly basis to reimburse authorized employees for the use of their own vehicles in the performance of assigned duties.

All out-of-state travel for which reimbursement will be claimed shall have Board approval. Travel expenses not previously budgeted also shall be approved on an individual basis by the Board.

(cf. 9240 – Board Development)  
(cf. 9250 – Remuneration, Reimbursement, and Other Benefits)

Legal Reference:

#### EDUCATION CODE

44016 Travel Expense  
44032 Travel Expenses Payment  
44033 Automobile Allowance

# NICASIO SCHOOL DISTRICT

## Administrative Rules and Regulations

Series 3000: Business and Non-Instructional Operations

AR 3350

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### TRAVEL EXPENSES

These guidelines are developed for all District employees (certificated and classified) who participate in professional development activities that have been approved in accordance with the District's Travel Expenses policy (BP 3350).

- Substitute paid by District
- Registration fees paid by District
- Mileage paid by District
- Food and non-alcoholic beverages paid per diem (see Travel Allowances below)
- Lodging expenses paid by District
- Airfare is negotiable
- Employee is responsible for sharing information from training/conference

Prior approval of the Governing Board is required for all overnight travel and all travel outside of the County when reimbursement for such travel is requested. A Travel Request form is to be submitted to the Board in advance for such approval. Only actual and necessary travel expenses will be allowed; no personal expenses will be claimed.

### TRAVEL ALLOWANCES

*Since all reimbursement rates are within the allowable federal limits no supplemental W-2 will be issued.*

#### Meals, Lodging and Incidentals

Reimbursement for meals, lodging and incidentals will be based on the current IRS per-diem reimbursement rate.

#### Mileage

Mileage reimbursement for use of a privately owned automobile for official business is at the current IRS rate.

### EMPLOYEE RESPONSIBILITY

An employee shall submit a Travel Request form (Form 3350A) prior to the travel date. For local travel within the County, the Travel Request may be submitted to the Principal for approval. For all overnight travel and travel outside of the County, the Travel Request must be submitted to the Governing Board for approval.

Employees requesting reimbursement for travel and conference expenses need to submit appropriate travel-related claim forms and attach original receipts for all expenses listed on such forms (Form 3350B – Mileage Claim; Form 3350C – Travel Expense Claim). All claims must be received within 30 days of the last day of travel to guarantee reimbursement.

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**NICASIO SCHOOL DISTRICT  
Administrative Rules and Regulations**

Series 3000: Business and Non-Instructional Operations

Form 3350A

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**TRAVEL REQUEST**

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title of Conference or Workshop: \_\_\_\_\_

Travel Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Check all that apply:

I will need a substitute in my absence

I will submit a mileage claim form

I will submit per diem expenses for meals

I will need to stay overnight in a hotel

Other: \_\_\_\_\_

Brief Description of Conference or Workshop if needed:

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Approved      | Authorized Signature: _____ |
| <input type="checkbox"/> Not Approved: | _____                       |

# NICASIO SCHOOL DISTRICT

## Administrative Rules and Regulations

Series 3000: Business and Non-Instructional Operations

Form 3350B

### MILEAGE CLAIM

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

| Date         | Destination | Purpose | Miles |
|--------------|-------------|---------|-------|
|              |             |         |       |
|              |             |         |       |
|              |             |         |       |
|              |             |         |       |
|              |             |         |       |
|              |             |         |       |
|              |             |         |       |
|              |             |         |       |
| <b>TOTAL</b> |             |         |       |

Total Miles \_\_\_\_\_ x \$ \_\_\_\_\_ per mile = \$ \_\_\_\_\_

By signing below, the employee certifies that the mileage indicated on this form was incurred during the course of District approved, school-related business and that the total sum of the mileage is true and accurate, and no part thereof has been heretofore paid.

Employee's Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

# NICASIO SCHOOL DISTRICT

## Administrative Rules and Regulations

Series 3000: Business and Non-Instructional Operations

Form 3350C

### TRAVEL EXPENSE CLAIM

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title of Conference or Workshop: \_\_\_\_\_

Travel Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

| Date | Description | Amount |
|------|-------------|--------|
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |
|      |             |        |

*Original receipts must be attached to the back of this form for reimbursement purposes.*

**Total Reimbursement Requested:** \$ \_\_\_\_\_

By signing below, the employee acknowledges that the expenditure(s) listed above are official and lawful school expenditures which have been paid out-of-pocket by the employee.

Employee's Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

|                |                   |
|----------------|-------------------|
| <b>CODE(S)</b> | <b>ACCOUNT(S)</b> |
|                |                   |